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ABSTRACT

This pamphlet on feeding techniques for children who have cleft lip and palate emphasizes the role of the parent as part of a team involving many specialists. The pamphlet begins with explanations of complete and incomplete separations of the lip, unilateral and bilateral cleft lips, corrective surgical procedures, etc. The importance of weight gain and the problems caused by weak sucking are reviewed, with suggestions for nippling for babies with a cleft lip and with a cleft palate. Also covered are features to look for when choosing a nipple and procedures for introducing strained foods. (JDD)

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Feeding Techniques

for children who have cleft lip and palate

Marsha Dunn Klein, M.Ed., O.T.R.
Illustrations by Nora Voutas

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About the Author

Marsha Dunn Klein is a registered occupational therapist. She has a Master's degree in Education with an emphasis on special education for physically handicapped students. She is certified in Pediatric Neurodevelopmental Therapy techniques.

The Team Process

You and your child are part of a team. Already you have met some team members—the baby's pediatricians, surgeons, and other doctors. Other team members also are available to help you learn about your child's cleft lip and palate. A feeding therapist will help answer your questions about day-to-day feeding. A nutritionist will check the baby's growth and weight gain. A speech-language pathologist will help you when your child begins to talk. An orthodontist can be consulted as the baby's teeth develop. The team is available to give you the support and information you need to feed your child. We hope this pamphlet also will help you through that process.

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Feeding Techniques
for children who have cleft lip and palate

A cleft is a separation or division of the parts of the mouth that usually are joined together. There are several different types of cleft.

A cleft lip is a separation of one or both sides of the upper lip. A *complete* separation includes the lip, the dental ridge, and up through the nasal cavity. An *incomplete* separation affects only the lip. It does not extend into the nasal cavity. Cleft lips also can be *unilateral,* where one nostril side is affected, or *bilateral,* where both nostril sides are affected.

Incomplete unilateral cleft lip

Complete unilateral cleft lip

Complete bilateral cleft lip

Cleft of the palate can include separation of the soft palate at the back of the mouth, or the hard bony palate that usually is called the "roof" of the mouth. Cleft palates can occur with or without cleft lips. They also can be unilateral and bilateral.

Normal palate

Soft palate cleft

Unilateral complete cleft palate and lip

Bilateral complete cleft palate and lip

Corrective Procedures

Clefts of the lip and palate can be closed by surgery. Usually, surgery for cleft lips is started when the baby is only a few months old. For cleft palate, usually the surgery is done when the child is a little older. Sometimes the baby will need several operations and grafts.

Before these procedures begin, the baby must eat enough to gain a certain amount of weight. After surgery, the baby must eat enough to heal properly and stay healthy.

All babies are born ready, willing, and very interested in sucking. Your baby probably searches or "roots" for the nipple eagerly. But cleft lips can make it difficult to close the lips entirely around the nipple. Cleft palates can cause milk to escape into the nose and make the baby cough or choke.

Probably you are wondering, "How can I get my baby to gain weight when sucking seems to be so difficult?

It is important for you to know that you *can* help your baby learn new ways of eating, so the baby's body will grow normally!

Nippling for Babies Who Have a Cleft Lip

Babies who have a cleft lip have trouble sucking with enough strength to get milk. Weak sucking can make them tired and frustrated.

These suggestions have helped some babies. Talk about them with your doctor or feeding therapist.

1. Hold your baby's cheeks so the lips are closed tightly around the nipple. You can do this whether the baby is at your breast or drinking from a bottle. It may be all the help your baby needs to improve sucking. Watch how long it takes your baby to drink three ounces of liquid. Does the time improve when you give the baby this kind of help?

2. Use a different kind of nipple, or add extra holes to the nipple. (See "Nipple Alternatives.")

3. Sometimes the baby will need to be "burped" more often, because extra air is being taken in along with the milk.

Nippling for Babies Who Have a Cleft Palate

A cleft palate makes feeding more difficult. Just *how* difficult will depend on whether the cleft is unilateral, bilateral, or complete.

The baby *wants* to eat and *wants* to suck. To create a normal suction, an infant needs a palate to push the nipple and tongue against. With the palate open or uneven, the baby's up-and-down action probably looks more like chewing than sucking. The baby needs help to learn a new way of sucking.

Talk about these suggestions with your physician or feeding therapist.

1. Hold your baby in an upright position. This will help keep the milk from overflowing into the baby's nose. Some feeding therapists also believe it reduces the possibility of ear infections.
2. Choose a nipple that regulates the flow of liquid. This will help keep the baby from choking or getting too tired at feeding time. (See "Nipple Alternatives.")
3. Try holding the baby's mouth closed around the nipple. Less space inside the mouth may make it easier for the baby to suck. Hold the baby's cheeks firmly.
4. Direct the flow of milk to the side or the back of the baby's mouth.
5. Burp the baby often. Your baby is taking in a lot of air with each swallow. Pat or rub the baby's back to help get rid of the air by burping instead of vomiting.
6. Feed less milk, more often.
7. Keep the baby's mouth and lip areas clean.

Nipple Alternatives

Look for these features when you choose a nipple for your baby:

1. The nipple should compress easily.
2. The nipple should be soft and thin-walled so the baby doesn't have to suck too hard. The baby should have to "work" at the nipple, but not so hard as to get too tired to eat.
3. Liquid flow should be easy—not too fast or too slow. If the milk enters the mouth too fast, the baby may choke or sputter. If it is too slow, the baby will get tired quickly and may have problems gaining weight.
4. The nipple should not be a size or shape that will keep the baby from swallowing normally.

Various kinds of nipples are available.

Try using a cross-cut preemie nipple. Use the cut it comes with, or make a new cut with a razor blade. If the cut is too large, the milk will flow too fast. In that case, start again with another nipple.

Use any regular or neck-shaped nipple, and put four or five extra holes in the top. Make extra holes by putting a needle into a flame, and then sticking the hot needle into the nipple. If you have too many holes, the baby will choke or sputter. If you have too few holes, the baby may cry or let you know in some other way that not enough milk is coming through the nipple.

This method usually is better for babies who have a small cleft lip. Babies who have an open cleft palate often need more help.

The Cleft Palate Nurser Set is made by Mead-Johnson Company. The soft preemie nipple attaches to a flexible six-ounce soft plastic bottle. You can squeeze the bottle slightly to increase the flow of liquid.

The cleft palate nipple made by Ross Laboratories allows milk to flow steadily and easily. The flow can be adjusted by shortening the nipple. By attaching it to a squeezable plastic bottle, the flow can be controlled even more.

The lamb's nipple is used successfully with some children; but for some other children, the nipple is too long and makes them gag.

The Brophy nipple has a full or partial flap to cover the cleft. Usually this kind of nipple is used as a last choice. The flap can keep the baby from sucking and swallowing normally.

Introducing Strained Foods

Your baby should be ready to eat strained foods at the same age as any other baby. By that time, probably the cleft lip has been repaired and the child has had six or seven months to get used to the cleft palate. You and the doctors know that the baby's palate is "different"—but the baby doesn't know it. The baby has learned new ways of sucking and swallowing.

These tips will help you present the new textures of strained foods to your child.

1. Seat the baby in a semi-upright to upright position.
2. Offer small amounts of food, so the baby can adjust to the "feel" of the spoon and the new textures.
3. Offer the food at the baby's own pace. The baby will let you know when it is time to offer the next bite. If the baby is rushed, it may lead to excessive choking or coughing.
4. Some food may escape through the baby's nose. Clean it up, and keep feeding. Try not to frighten the baby by overreacting. The baby will be fine in a few minutes.

   Citrus foods can be more irritating, however. You may have to avoid them until the baby has learned better eating skills.

Use these techniques whenever new textures are introduced. By the time most children are ready to eat "regular" food with lumpy textures, they are able to sit in a high chair. Occasionally, a lump may get stuck in your child's palate or come out the nose. It will not cause breathing problems, though—and soon your child will be ready to finish the meal.

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